

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570159

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7					
2		1				
3	2					
4	2					
5	1					
6	1					
7	1					
8	3					
9	1					
10						
11						
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49						
50						
TOTAL IND.	2		2		2	
TOTAL DEP.	11	2	2	2	2	2
TOTAL CLAIMS	X3					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			2		2	
TOTAL DEP.			2		2	
TOTAL CLAIMS						